Provider Adoption and Engagement Advisory Group Meeting
February 26, 2013 7:00-8:30a

Name	Organization
Nicolaos Athienites	Renal Medical Care
Steve Fox	BCBSMA
Michael Lee	Atrius Health
Norma Lopez	Physician to Physician EHR Strategies
Eugenia Marcus	Pediatric Health Care at Newton Wellesley
Paul Oppenheimer	Sisters of Providence Health System
Mike O'Reilly	Steward Health Care
David Smith	MA Hospital Association
Dirk Stanley	Cooley Dickinson Hospital
Lynda Young	UMass Hospital
Support Staff:	
Micky Tripathi	MAeHC
Mark Belanger	MAeHC
Erich Schatzlein	MAeHC
Carol Jeffery	MAeHC

Summary of Input and Feedback from the Provider Advisory Group

- The architecture looks great but the devil will be in the details – suggest careful attention be paid to interfaces, interoperability, and consent
- Record locator service (RLS) has standalone value – most valuable to ED providers that need to locate data sources quickly and for streamlining bi-lateral information sharing solutions (e.g., "Magic Button")
- Providers will be more likely to use phase 2 services if they don't have to sort through slew of documents to find relevant information – Suggest that each participating phase 2 HIway members make a standard summary document (e.g., CCDA) available for query
- Mass HIway can help establish a "community standard" for health information sharing (e.g., A common consent policy)
- Support the idea that the HIway stays flexible to different levels of technology maturity and different levels of comfort with information sharing – for example, RLS may point a user to a fax/phone number or support fully automated query among trusted partners (consistent with what is currently in the market with Epic to Epic information sharing and MDPHnet)
- Support the idea that HIway continues to help providers meet Meaningful Use goals (e.g., Requirement for sending Care Summaries)

Review of Materials and Discussion

- The group was welcomed back from a brief meeting hiatus and reviewed the distributed materials for the Advisory Group kickoff.

- The changes for 2013, under the MA Law Chapter 224, were reviewed and the structure detail of the new HIT Council and the Advisory Groups was discussed. (Slides 2-4)
    - The Advisory Groups will mirror the structure of Federal Advisory Committees and will focus on targeted issue areas. Existing volunteers from previous workgroups have been invited to participate in the Advisory Groups; membership is fluid and recruiting additional members was encouraged.
    - The purpose and objectives of the new Advisory Group will provide advice and expert opinion to the HIT Council
- The group reviewed the HIway phasing and strategy. (Slides 6-8)
    - Phase 1: Send and Receive – live since October 2012, allows the HIway to be available to all health care organizations in the State regardless of the technology in their respective offices. Phase 1 stood up the initial provider directory and associated technical components for participating organizations to send and receive messages. EOHHS and the Last Mile Program will focus on HIway operations and deployment of the HIway to health care organizations.
    - Phase 2: Search and Retrieve – creating the capability for cross-institutional queries and retrieval of patient records. Phase 2 requires detailed planning and will be the focus of this Advisory Group.
    - Comment: A concern was raised that some state systems (example Prescription Management service) contain many duplicate and triplicate patients in the patient index. These issues cause frustration for providers and lower confidence in the information available. The HIway will need to ensure measures are taken in patient matching to greatly reduce errors in duplicating patients in the MPI (Master Patient Index).
    - Question: Is there any discussion about the use of a voluntary patient identifier such as a patient card or other electronically stored identifier?
        - Answer: This is not typical in other programs and would take time to launch successfully. The strategy for its use will vary according to value of data and the confidence in the supplied data. The Mass HIway needs to be robust so providers will want to access the data and trust its accuracy.
- The three methods to connect to the Mass HIway were reviewed with a highlight to the additional features of Phase 2 added to the HIway service options. The group was reminded that Phase 2 services are not a requirement for participation in the Mass HIway. While there is an additional fee for HIway Phase 2 services, the features and functions of Phase 2 will benefit any organization in their healthcare operations. (Slide 10)
    - Comment: Some providers are aware of explorations by vendors to establish toll-booth fees for transactions between HIEs and other vendor systems. While there is some evolution of data packaging, such as phone/long-distance service packages, the issues of bundling messages between health systems (HIEs) will prohibit providers or organizations from joining HIE and specifically the Mass HIway.
- The group discussed the components of the HIway Phase 2. (Slide 11)

- The Master Person Index (MPI) offers probabilistic patient matching, direct matches only, utilizing the Orion Initiate system. Wildcard or fishing searches will not be allowed.
- The Consent database is actually part of the Master Person Index (MPI) but is depicted separately for discussion purposes. A patient consent is captured at the organization level and the consent status is sent to the Mass HIway.
    - Most EHR (electronic health record) systems are not sophisticated in their ability to capture and react to patient consent. EHRs are limited in consent capture; it's a 'yes' or 'no' only without restrictions about what data will be shared by the EHR. Consent will be a topic for a future Advisory Group meeting.
- The Record Locator Service (RLS) only shows those organizations that a patient has authorized (consented) to respond to queries. The method used to respond to a query will be a decision made at each individual organization.
    - Comment: The issue of sensitive date which might be interspersed with other relative data is a topic for further discussion. The ability to segregate sensitive data within an EHR (electronic health record) is extremely limited. EHR systems are currently not that sophisticated. These challenges are yet to be addressed, and provider organizations may need to decide what they are comfortable in sharing. It was suggested this be a focused topic for next or following Advisory Group meeting.

- The query/retrieve methods for Phase 2 services were reviewed. (Slide 12)
    - Cross-entity viewing from one EHR into another EHR is used by a few MA healthcare organizations. Data and documents are not exchanged but a view of an individual patient (if a match is found) is displayed. This approach could be used as an interim option but is not really scalable solution.
    - Push/Push offers email-like functionality and does not require new technical solutions. This method will necessitate a workflow process at either end of the transaction but does not require new standards definitions and leverages Meaningful Use Stage 2 requirements.
    - Query/Response is a query with automated response similar to current prescription history requests or patient eligibility checking. The challenges include that there are no national standards yet identified for this process. An incremental response may be the best method to keep objectives and outcomes aligned with standards that will emerge at a national level. Legacy standards wouldn't be best approach to address query/ response as the technology develops.
    - An option to add to this list is a manual response, to a specific query, which simply lists a telephone or fax number in order to contact the institution which has patient information to share. This could serve as an interim solution.
        - Question: Some small medical offices shut down all systems (servers) overnight which would impact responses to queries. Could the LAND box be a temporary store for a minimum set of data or would details regarding offline hours overnight or weekend be made available?

- The steps to locate a patient's record could be initially separated from the action to request and retrieve the record. This division could allow organizations to identify their best solution to respond to a record request/retrieve and for processes and standards to emerge. An emergency department request for patient data can be identified as an emergency release of patient data regardless of permission to view the data (consent). (Slide 13)
- The group reviewed the specific questions included in the meeting materials. In general, the approach to Phase 2 appears to be reasonable and achievable. All agreed there are many issues to address. Specific questions and issues are noted at the beginning of these minutes. (Slide 16)
    - Comment: The MPI (Master Person Index) will be included in the Phase 2 functionality, but clinicians will not take the time to use the HIway services unless there is a very high patient matching percentage at time of rollout.
    - Comment: The Record Location Service (RLS) may be valuable if stood up on its own, but the value will be incremental and will depend on an ability to build patient summary documents. Providers don't want to have to review large numbers of documents pertaining to a particular patient.
    - Question: Will healthcare organizations be willing to populate a statewide MPI? Is it reasonable?
        - Answer: The consensus was that as long as security concerns were addressed and an inclusive MPI was conveyed as a community standard.
    - Comment: Moving structured clinical data to different systems is not as easy as it sounds. There is a lack of standards around structured data and often transfers to different systems result in bad data because the structure of the receiving system does not match the structure of the system that generated the clinical data.
    - Question: Will the Mass HIway be certified as a Meaningful Use component of DIRECT connectivity?
        - It is understood this will be the case, so a provider can note HIway use in Stage 2 attestation.
    - Comment: The HIway services are only as valuable as to the number of organizations who actively participate.

Next Steps

- Key points and recommendations will be synthesized and provided back to Advisory Group for final comments.
- Presentation materials and meeting notes will be posted to EOHHS website.
- A poll will be generated via email to determine a regular meeting time for the Advisory Group.
- The next HIT Council – March 13, 2013, 3:30-5:00 One Ashburton Place, 11th Floor, Matta Conference Room